

General

Title

Management of urinary incontinence in older adults: the percentage of Medicare member 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem.

Source(s)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem on the Medicare Health Outcomes Survey (HOS).

This is one component of a three-part survey measure that provides information on how well physicians

manage urinary incontinence (UI) in Medicare members 65 and older. See the following related National Quality Measures Clearinghouse (NQMC) summary of the National Committee for Quality Assurance (NCQA) measures:

Management of urinary incontinence in older adults: the percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.

Management of urinary incontinence in older adults: the percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

This measure is collected using the Medicare Health Outcomes Survey (HOS). Results are calculated by NCQA using data collected in the combined baseline and follow-up survey samples from the same measurement year.

Rationale

Urinary incontinence (UI), or the unintentional loss of urine, is a condition that affects between 10 percent and 30 percent of adults. An estimated 13 million Americans suffer from bladder control problems; 85 percent of these are women. The prevalence of UI increases with age, and although it should not be considered a normal part of aging, up to 35 percent of people 60 years of age and older are incontinent. The underlying causes of UI can be diagnosed and managed effectively by a practitioner (Tannenbaum et al., 2001; Lee, Phanumus, & Fields, 2000). UI can cause a wide range of morbidity in the elderly, including pressure ulcers, urinary tract infections (UTIs), social withdrawal and depression ("Overview," 1996). UI is one of the major causes of institutionalization of the elderly (National Kidney and Urologic Disease Advisory Board, 1994; "Assessment," 2000).

Evidence for Rationale

Assessment and treatment of urinary incontinence. Scientific Committee of the First International Consultation on Incontinence. Lancet. 2000 Jun 17;355(9221):2153-8. [5 references] [PubMed](#)

Lee SY, Phanumus D, Fields SD. Urinary incontinence. A primary care guide to managing acute and chronic symptoms in older adults. Geriatrics. 2000 Nov;55(11):65-71; quiz 72. [20 references] [PubMed](#)

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

National Kidney and Urologic Disease Advisory Board. 1994.

Overview: urinary incontinence in adults, clinical practice guideline update. [internet]. Rockville (MD): Agency for Healthcare Research and Quality (AHRQ); 1996 Mar [4 p].

Tannenbaum C, Perrin L, DuBeau CE, Kuchel GA. Diagnosis and management of urinary incontinence in the older patient. Arch Phys Med Rehabil. 2001 Jan;82(1):134-8. [32 references] [PubMed](#)

Primary Health Components

Urinary incontinence (UI); treatment

Denominator Description

Medicare members 65 years of age and older as of December 31 of the measurement year who reported having any urinary incontinence in the past six months (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

The number of members in the denominator who indicated they discussed treatment options for their current urinary incontinence with a health care provider (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

One or more research studies published in a National Library of Medicine (NLM) indexed, peer-reviewed journal

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

All HEDIS measures undergo systematic assessment of face validity with review by measurement advisory panels, expert panels, a formal public comment process and approval by the National Committee for Quality Assurance's (NCQA's) Committee on Performance Measurement and Board of Directors. Where applicable, measures also are assessed for construct validity using the Pearson correlation test. All measures undergo formal reliability testing of the performance measure score using beta-binomial statistical analysis.

Evidence for Extent of Measure Testing

Rehm B. (Assistant Vice President, Performance Measurement, National Committee for Quality Assurance, Washington, DC). Personal communication. 2015 Mar 16. 1 p.

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Managed Care Plans

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Specified

Target Population Age

Age greater than or equal to 65 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

IOM Care Needs

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

The measurement year

Denominator Sampling Frame

Enrollees or beneficiaries

Denominator (Index) Event or Characteristic

Clinical Condition

Patient/Individual (Consumer) Characteristic

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Medicare members 65 years of age and older as of December 31 of the measurement year who reported having any urinary incontinence in the past six months

Member choices must be as follows to be included in the denominator:

Q42: Many people experience leaking of urine, also called urinary incontinence. In the past six months, have you experienced leaking of urine? = "Yes"

Q45: There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? = "Yes" or "No"

Exclusions

Members assigned one of the following disposition status codes are ineligible for the survey:

Deceased*

Not enrolled in the Medicare Advantage Organization (MAO)

Language barrier

Removed from sample

Duplicate, beneficiary listed twice in the sample frame

Bad address and nonworking/unlisted phone number, or member is unknown at the dialed phone number

Nonresponse:

Partial complete survey (between 50 percent and 79 percent completed or 80 percent or more completed with an Activities of Daily Living [ADL] item unanswered)

Break-off (less than 50 percent completed)

Refusal

Respondent unavailable

Respondent physically or mentally incapacitated

Respondent institutionalized

Nonresponse after maximum attempts

*Deceased members are excluded from follow-up samples but are included in the calculation of Health Outcomes Survey (HOS) results.

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

The number of members in the denominator who indicated they discussed treatment options for their urinary incontinence with a health care provider

Member choice must be as follows to be included in the numerator:

Q45: There are many ways to control or manage the leaking of urine, including bladder training exercises, medication and surgery. Have you ever talked with a doctor, nurse, or other health care provider about any of these approaches? = "Yes"

Exclusions

Unspecified

Numerator Search Strategy

Fixed time period or point in time

Data Source

Administrative clinical data

Patient/Individual survey

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Medicare Health Outcomes Survey (HOS)

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Identifying Information

Original Title

Management of urinary incontinence in older adults (MUI): treatment of urinary incontinence.

Measure Collection Name

HEDIS 2016: Health Plan Collection

Measure Set Name

Effectiveness of Care

Measure Subset Name

Measures Collected Through Medicare Health Outcomes Survey

Submitter

National Committee for Quality Assurance - Health Care Accreditation Organization

Developer

Funding Source(s)

Unspecified

Composition of the Group that Developed the Measure

National Committee for Quality Assurance's (NCQA's) Measurement Advisory Panels (MAPs) are composed of clinical and research experts with an understanding of quality performance measurement in the particular clinical content areas.

Financial Disclosures/Other Potential Conflicts of Interest

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Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2015 Oct

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

Unspecified

Measure Status

This is the current release of the measure.

This measure updates previous versions:

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 1, narrative. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 2, technical specifications for health plans. Washington (DC): National Committee for Quality Assurance (NCQA); 2014. various p.

National Committee for Quality Assurance (NCQA). HEDIS 2015: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC):

Measure Availability

Source available for purchase from the [National Committee for Quality Measurement \(NCQA\) Web site](#)

For more information, contact NCQA at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

Companion Documents

The following is available:

National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 2, technical update. Washington (DC): National Committee for Quality Assurance (NCQA); 2015 Oct 1. 12 p.

For more information, contact the National Committee for Quality Assurance (NCQA) at 1100 13th Street, NW, Suite 1000, Washington, DC 20005; Phone: 202-955-3500; Fax: 202-955-3599; Web site: www.ncqa.org .

NQMC Status

This NQMC summary was completed by ECRI on June 16, 2006. The information was not verified by the measure developer.

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This NQMC summary was updated by ECRI Institute on May 28, 2010, October 17, 2011, November 29, 2012, August 5, 2013 April 23, 2014, May 5, 2015, and again on March 18, 2016.

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Production

Source(s)

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National Committee for Quality Assurance (NCQA). HEDIS 2016: Healthcare Effectiveness Data and Information Set. Vol. 6, specifications for the Medicare health outcomes survey. Washington (DC): National Committee for Quality Assurance (NCQA); 2015. various p.

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